

CLAIMANT'S NAME Cindy Tuck				SSN OR EMPLOYEE NUMBER On file				DEPARTMENT Cal/EPA						
POSITION Undersecretary		CB/ID NUMBER		DIVISION OR BUREAU Office of the Secretary				INDEX NUMBER						
RESIDENCE ADDRESS				HEADQUARTERS ADDRESS 1001 I Street, P.O. Box 2815				TELEPHONE NUMBER						
CITY		STATE		ZIP CODE		CITY Sacramento		STATE CA		ZIP CODE 95814				
(1) MONTH/YEAR Jan-10	(2)	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
				BREAK-FAST	LUNCH	O.T.,L/T, NC, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
DATE	TIME										MILES			AMT
1/13	800	Sacramento - Los Angeles	227.05			18.00		58.00	T		16.0	8.00		311.05
1/14	0	Los Angeles - Sacramento		6.00			6.00	43.00	T	11.00	16.0	8.00		74.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(10)	SUBTOTALS		227.05	6.00	0.00	18.00	6.00	101.00	0.00	11.00	32.0	16.00		385.05
CLAIM TOTAL												\$	385.05	
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)														
1/13 Spoke at Australia-US Energy Dialogue regarding climate change and renewable energy & attended reception.														
(12) NORMAL WORK HOURS			AGENCY ACCOUNTING OFFICE USE ONLY											
(13) PRIVATE VEHICLE LICENSE NO.														
(14) MILEAGE RATE CLAIMED \$ 0.500														
AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER														
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate. I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.														
(16) CLAIMANT'S SIGNATURE <div></div>				DATE <div></div>		(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <div></div>				DATE <div></div>				
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse) <div></div>												DATE <div></div>		

CLAIMANT'S NAME Cynthia Tuck			SSAN OR EMPLOYEE NUMBER * On File			DEPARTMENT Cal/EPA			
Undersecretary			CB/ID NUMBER	DIVISION OR BUREAU Office of the Secretary				INDEX NUMBER	
1001 I Street				1001 I Street				TELEPHONE NUMBER 916.324.3708	
STATE Sacramento			ZIP CODE 95814	CITY Sacramento			STATE CA		ZIP CODE 95814

[illegible]



(10)	SUBTOTALS	474.04	18.00	20.00	36.00	12.00	39.50	52.00	13.50	40.00	705.04
------	-----------	--------	-------	-------	-------	-------	-------	-------	-------	-------	--------


COLUMN CODE (ACCTG USE ONLY)	
------------------------------	--

CLAIM TOTAL	705.04
-------------	--------

(11)	PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)	(12) NORMAL WORK HOURS
	Attended ECOS & US EPA meeting, and attended a follow-up panel meeting to Berlin meeting and reception hosted by the German Embassy. Used the closer parking lot at the airport due to early am travel and needed to be able to exit airport quickly upon return for meeting here.	8:00-5:00
		(13) PRIVATE VEHICLE LICENSE NUMBER
		(14) MILEAGE RATE CLAIMED

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE 	DATE	(16.) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE
--	------	--	------

(17.) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE <i>(See Item 17 on reverse)</i>	DATE
	

CLAIMANT'S NAME Cindy Tuck				SSN OR EMPLOYEE NUMBER On file				DEPARTMENT Cal/EPA						
POSITION Undersecretary		CB/ID NUMBER		DIVISION OR BUREAU Office of the Secretary				INDEX NUMBER						
RESIDENCE ADDRESS				HEADQUARTERS ADDRESS 1001 I Street, P.O. Box 2815				TELEPHONE NUMBER						
CITY		STATE		ZIP CODE		CITY Sacramento		STATE CA		ZIP CODE 95814				
(1) MONTH/YEAR Jan-10	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY		
(2)			BREAK-FAST	LUNCH	O.T./L.T, NC, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE				
DATE	TIME									MILES	AMT			
1/23	615	Sacramento - Brussels								16.0	8.00		8.00	
1/24					71.00						0.00		71.00	
1/25					71.00	35.00					0.00		106.00	
1/26				45.00	71.00	35.00					0.00		151.00	
1/27											0.00		0.00	
1/28	2330	Brussels - Sacramento				35.00	56.00	T	49.50	16.0	8.00		148.50	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
(10)	SUBTOTALS		0.00	0.00	45.00	213.00	105.00	56.00	0.00	49.50	32.0	16.00		484.50
CLAIM TOTAL												\$	484.50	
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)														
Gave presentation regarding climate change at the EU-US Strategic Partnership Conference at the invitation of the European Commission.														
(12) NORMAL WORK HOURS - 8-5		AGENCY ACCOUNTING OFFICE USE ONLY												
(13) PRIVATE VEHICLE LICENSE NO.														
(14) MILEAGE RATE CLAIMED \$ 0.500														
AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER														
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate. I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.														
CLAIMANT'S SIGNATURE ☐				DATE		(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT ☐				DATE				
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse) ☐												DATE		